





BETTERBUILDINGS RESIDENTIAL PROGRAM APPLICATION

APPLICANT INFORMATIO)N							
Last Name		First 1	Name				MI	
Phone	E-mail Address							
Are you the owner of this property? □ YES □ NO								
How did you hear about the Be	Name	Name of your neighborhood:						
PROPERTY INFORMATIO	N							
Property Type: Single family Multi-family (#of units) Total area (ft²)						Year built		
Street Address					Apart	Apartment/Unit #		
City						Zip		
UTILITY INFORMATION								
Duke Power Account #:	Piedmont Natural C			Gas account #: Other fuel			supplier:	
					'			
UPGRADE INFORMATION (POTENTIAL PROGRAM ELIGIBLE UPGRADES)								
 ✓ All required test-in and test-out procedures ✓ Air and draft sealing ✓ Ductwork sealing ✓ Ductwork insulating ✓ Attic, floor and wall insulation, including knee wall support ✓ Weather-stripping ✓ Low faucet aerators ✓ Re-lamping of fixtures with CFL or LED lamps ✓ Retrofits required to meet ventilation and moisture management requirements ✓ Outside ducted kitchen and bath exhaust fans that meet ASHRAE 62.2 standards for ventilation ✓ Carbon-monoxide (CO) and Radon detection equipment/tests ✓ Attic radiant barriers ✓ HVAC system tune-ups and re-commissioning 		 ✓ Replacement of non-Energy Star rated water heater with Energy Star rated model ✓ Vapor barriers ✓ Storm window and storm door repairs or installations ✓ Water heater and water line insulation ✓ Window and door repairs ✓ Replacement of 10 SEER or less HVAC, heat pumps, or air conditioners with new systems ✓ Replacement of windows and doors with Energy Star rated replacement units ✓ New lighting fixtures required to utilize CFL or LED lamps ✓ Non-Energy Star appliance replacements with Energy Star rated appliances ✓ Renewable energy system installations 						

ARE YOU INTERESTED IN HAVING US DETERMINE IF YOU QUALIFY FOR A DIRECT GRANT FOR A BASIC LEVEL UPGRADE TO YOUR HOME?							
☐ YES If YES, please respond to the following questions below and please provide a signed copy of your most recent federal tax return OR other income verification for the last 60 days (includes: workers' comp, Social Security, unemployment benefits, SSI, pension, written verification of the amount and frequency of any other income not listed in the above items).							
	How many people live in your nome?	What is your total l	nousehold annual gross income?				
□NO	□ NO If NO, skip this section. Read and sign the section below						
DATA	AUTHORIZATION AND SIGNATURE						
The Better Buildings program is a federally funded program to assist City of Greensboro residents in making energy efficiency improvements							
to their homes.							
For the program to be successful, access to the energy usage data where improvements are being made is important. Information gathered from utility companies will be used to assess the effectiveness of improvements made to ensure that maximum energy efficiency is being achieved. The data will allow us to evaluate the measures that have been taken.							
As the account holder, I hereby authorize and give permission to the utilities and energy suppliers named above to release account and energy savings program information to the City of Greensboro or its agents, and the U.S. Department of Energy, for <u>confidential</u> use in connection with calculating energy savings estimates and evaluating the effectiveness of the program. This permission is given for: 1) the monthly and total amount of household utility consumption, and							
2) the price charged for the household utility consumption.							
This authorization covers the period starting 24 months before the date below and 36 months after the date of authorization.							
I further agree to participate in quality assurance and evaluation activities, the purpose of which is to provide the program administrators an opportunity to ensure that the eligible measures are installed consistent with program standards and to assess energy savings and program effectiveness.							
This authorization may be revoked by written notice to City of Greensboro Better Buildings Program, P.O. Box 3136 Greensboro, NC 27402.							
The City of Greensboro takes the privacy and security of your information very seriously and will never sell or otherwise release personal information to outside parties.							
Signat	ure (Property Owner)		Date				
Signature (Tenant, if property is not owner occupied)			Date				

Please return this application by mail at P.O. Box 3136 Greensboro, NC 27402, by fax at (336) 412-6315, or scan and email to Caitlin.Warren@greensboro-nc.gov